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67801	7590 04/20	/2009									
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								(Signature)			
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APPLICATION NO.	ON NO. FILING DATE			FIRST NAMED INVEN		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.			
10/520,273	01/18/2005			Robert P Schnall	•		28657	7217			
TITLE OF INVENTION	: BODY SURFACE PRO	OBE, A	PPARATUS AND	METHOD FOR NO	N-IN	VASIVELY DET	ECTIN	G MEDICAL COND	ITIONS		
A DRIVE THEFT	C) 4 4 7 7 50 50 50 50 50 50 50 50 50 50 50 50 50				 1	·					
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE D	OUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES		\$755	\$300		\$0		\$1055	07/20/2009		
EXAMINER			ART UNIT	CLASS-SUBCLASS	;	07/07/2009 SHOHAMH1 00000048 501407 1052027					
MALLARI, PATRICIA C 3735				600-507000							
1. Change of corresponde CFR 1.363).	ence address or indicatio	n of "F	ee Address" (37	2. For printing on (-	itent front page, lis	st				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively,							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TOB	E PRINTED ON	THE PATENT (print o	or typ	e)					
						-	ce is ide	entified below, the d	ocument has been filed for		
(A) NAME OF ASSI) ICCION	01 1115 101111 15 140	(B) RESIDENCE: (C							
Itamar Medical Ltd.				Caesarea, Israel							
Plane de la d					_						
Please check the appropr	iate assignee category or	catego	ries (will not be pr	inted on the patent):		Individual Cal Co	orporatio	on or other private gre	oup entity Government		
4a. The following fee(s):	are submitted:	o. Payment of Fee(s): ((Plea	se first reapply as	ny previ	iously paid issue fee	shown above)				
Issue Fee		A check is enclosed.									
Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached.							
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5. Change in Entity Sta	tus (from status indicate	d above	:)	······································							
a. Applicant claim	s SMALL ENTITY statu	ıs. See	37 CFR 1.27.	b. Applicant is no	long	er claiming SMAI	LL ENT	TTY status. See 37 C	FR 1.27(g)(2).		
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requestree ords of the United Sta	uired) v	will not be accepte	d from anyone other th	_				ne assignee or other party in		
Authorized Signature	Martin	P.	llonu	ha		Date July	3, 20	09			
Typed or printed name			Registration N			•					
This collection of informan application. Confiden	ation is required by 37 C	FR 1.3	11. The information 122 and 37 CFR	on is required to obtain	n or n	etain a benefit by t	he publi	ic which is to file (and	d by the USPTO to process)		
submitting the completed this form and/or suggesti Box 1450, Alexandria, V	application form to the ons for reducing this but irginia 22313-1450. DO	USPT rden, sl NOT	O. Time will vary nould be sent to the SEND FEES OR	depending upon the e Chief Information COMPLETED FORM	indiv	idual case. Any cor, U.S. Patent and THIS ADDRESS	mments Tradem S. SENI	s on the amount of ti- ark Office, U.S. Dep O TO: Commissioner	ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,		

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								(Signature)		
								(Date)		
APPLICATION NO.	FILING DATE	FILING DATE			3	ATTORNEY DOCKET NO. CONFIRMATION NO				
10/520,273	01/18/2005			Robert P Schnall		28657 7217				
TITLE OF INVENTION	: BODY SURFACE PRO	OBE, APPARAT	US ANI	METHOD FOR NON-I	NVASIVELY DET	TECTIN	IG MEDICAL CONDI	TIONS		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE D	UE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$755		\$300	\$0		\$1055	07/20/2009		
EXAM	IINER	ART UNIT	•	CLASS-SUBCLASS	_					
MALLARI, I	PATRICIA C	3735		600-507000	_					
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3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINT	ED ON	THE PATENT (print or t	ype)					
PLEASE NOTE: Un recordation as set fort	less an assignee is ident th in 37 CFR 3.11. Com	ified below, no a pletion of this for	issignee m is NO	data will appear on the T a substitute for filing a	patent. If an assign n assignment.	nee is ic	dentified below, the de	ocument has been filed for		
(A) NAME OF ASSI	GNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Itamar Medical Ltd. Caesarea, Israel										
Please check the appropr	riate assignee category or	categories (will	not be p	rinted on the patent):	Individual 🗖 C	orporati	ion or other private gro	oup entity Government		
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5. Change in Entity Sta	tus (from status indicate	d above)		o vorpaymond to 2 op						
a. Applicant claim	s SMALL ENTITY state	is. See 37 CFR I		b. Applicant is no lo						
interest as shown by the	records of the United Sta	tes Patent and Tr	ademarl	Office.	uic applicant; a reg	, siereo	automey of agent, or tr	ne assignee or other party in		
Authorized Signature	Martin	UM.	ozu	cha	Date July	3, 20	009			
Typed or printed nam	Martin D. M	loynihan	<i>,</i>		Registration	No. <u>4(</u>	0,338			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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